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## How to Register with the Medical Use of Marijuana Program: Instructions for Personal Caregivers

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Registering online with the Medical Use of Marijuana Program (“Program”) is the fastest and most convenient way to complete the personal caregiver registration process.

**Please note that in order to register as a personal caregiver in the MMJ Online System you must obtain a Personal Identification Number (“PIN”) from the patient you will be assisting with the medical use of marijuana. You will submit this PIN during the registration process.**

If you are unable to register online, a more lengthy paper registration process is available. Please call 617-660-5370 to request a paper registration form.

As a caregiver, you can gain access to your online account at any time by self-registering with the Program’s Virtual Gateway portal at <https://sso.hhs.state.ma.us/VGPortal/faces/SelfReg.jspx>

Once your registration application is reviewed by the Program, you will be notified by email regarding the status of your registration. Registration applications are reviewed in the order they are received.

If approved for registration, you will be able to print your temporary paper Program ID Card and will receive your plastic Program ID Card in the mail in 1 – 2 weeks. **The temporary paper Program ID Cards expire four weeks from the date that your registration is approved by the Program**, at which time you should have received a plastic Program ID Card. If you do not receive your plastic Program ID Card within three weeks, call the Program at 617-660-5370.

## PREPARING FOR REGISTRATION

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Before registering in the MMJ Online System, you will need to gather the following:

- Internet access;
- Access to a scanner or a mobile phone or other device capable of uploading documents;
- The **PIN** provided to you by the registered qualifying patient;
- A valid form of identification (as explained below); *and*
- A photograph of yourself (as explained below).

### VALID FORM OF IDENTIFICATION

*Valid forms of identification include:*

- State-issued driver's license;
- ID card issued by your state's Department of Motor Vehicles;
- U.S. passport and another document that proves your primary residence; *or*
- U.S. military ID and another document that proves your primary residence.

#### **If submitting a driver's license or ID card issued by your state's Department of Motor Vehicles:**

If you submit a driver's license or ID card issued by your state's Department of Motor Vehicles as your valid form of identification, the name and address you submit on your application must match the name and address on your driver's license or ID card issued by your state's Department of Motor Vehicles. If it does not match, your registration will be returned to you for further clarification.

For more information on how to update the name and address on your ID, contact your state's Department of Motor Vehicles.

#### **If submitting a passport or US military ID:**

If you submit a passport or US military ID as your valid form of identification, you must also submit a document that proves your primary residence (as outlined below). The name and address on your application must match the name and address on the document that you submit to prove your primary residence.

*Submit one of the following to prove your primary residence:*

- Utility bill (gas, electric, telephone, cable, or heating oil), that is less than 60 days old and must contain your name and address;
- Your current motor vehicle registration card with your current address;
- Tuition bill with a due date of less than 6 months ago and addressed to your current address;

- Car insurance policy or bill that is less than 60 days old;
- Home mortgage, lease, or loan contracts dated within 6 months of today with your name, address and signature;
- Certified U.S. Marriage Certificate dated within the past 6 months;
- Property tax or excise tax bill for the current year with your name and address;
- First-class mail dated less than 60 days old from any federal or state agency that displays your name and address; *or*
- Current state-issued Professional License with your address.

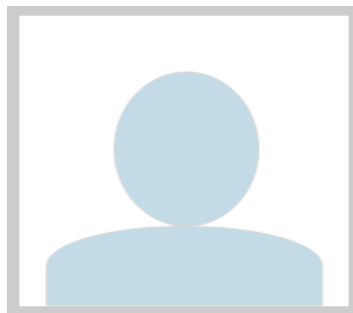
## PHOTOGRAPH OF YOURSELF

This photo will be placed on your Program ID Card.

*Your photo must be:*

- In color;
- A square photo in portrait/upright format;
- Taken in front of a plain white or off-white background;
- Taken within the last 6 months to reflect what you look like now;
- Showing only your head and the top of your shoulders (see example below);
- Taken looking directly at the camera held at eye level;
- Taken with both eyes open, and without eyewear; *and*
- Taken without any item that covers your face or head, except for religious purposes.

A passport photo meets these requirements and can be obtained at any location that issues passport photos, such as a pharmacy, the post office, or a camera store. Alternatively, you may upload a photo from a cell phone camera if the photo meets the requirements outlined above.



## REGISTRATION PROCESS

The MMJ Online System is housed within the Executive Office of Health and Human Services Virtual Gateway (“VG”). You will first need to register with the VG and then with the MMJ Online System.

You will be sent an email from VG during the registration process. We recommend keeping your email account open during the registration process so you can easily access this email. This email

will contain a link that you will click on in order to finish the VG registration process. The link may expire as soon as seven (7) days after being emailed to you and is only valid the first time that you click on it.

## REGISTRATION RENEWALS

**Registrations expire annually.** You may re-apply for registration, on an annual basis, up to 60 days before the date that your registration expires by following the instructions outlined above.

It is highly recommended that applicants apply for a registration renewal at least 60 days prior to the expiration of their current Program ID card. This will ensure that there is no gap in the applicant's active status.

## OTHER IMPORTANT INFORMATION ABOUT REGISTRATION

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### IMPORTANT

You *and* your patient must maintain an active registration with the Program. Additionally, your patient must maintain an active certification from their health care provider, in order for you, as a personal caregiver, to be protected for medical use of marijuana under Massachusetts Law.

### PROGRAM ID CARD

You must carry your Program ID Card **at all times** while you are in possession of marijuana for medical use.

Notify the Program within five business days after discovering that your Program ID Card is lost, stolen, or destroyed by calling 617-660-5370.

There is a \$10 fee to replace a Program ID Card.

### VALID FORM OF IDENTIFICATION

After registering with the Program, your valid form of identification on file with the Program must remain active and not expired in order to access a Registered Marijuana Dispensary (RMD) or obtain marijuana for medical use from an RMD on behalf of a patient.

### CHANGE OF REGISTRATION INFORMATION

If, at any time, there is any change to the information you submitted for registration (such as a change in your name, address, email, or phone number), you must update this information in the MMJ Online System within five business days after the date of this change.

*To update your registration information, please follow these steps:*

- **Step 1:** Log in to the VG at <https://sso.hhs.state.ma.us> and select “Medical Use of Marijuana System”.
- **Step 2:** Click on the “My Registration” link at the top of the screen.
- **Step 3:** To update your information, click “Edit” at the left side of the screen. Edit the necessary information and click the “Update” button.

## **ACCESSING A REGISTERED MARIJUANA DISPENSARY**

In order to access a Registered Marijuana Dispensary (RMD), or obtain marijuana for medical use from an RMD, a personal caregiver must:

- Present their Program ID Card **and** their valid form of identification;
- Have an active registration with the Medical Use of Marijuana Program;
- Maintain on file with the Medical Use of Marijuana Program a form of identification that is active and not expired; *and*
- Be linked to a patient with an active registration with the Medical Use of Marijuana Program *and* an active certification from their health care provider.

## **QUESTIONS**

Should you have questions regarding the registration process, please contact the Medical Use of Marijuana Program at 617-660-5370.

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*The following pages provide detailed step-by-step instructions on how to register with the Program using the MMJ Online System.*

# Step-By-Step Registration Instructions

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## **STEP 1:** Scan and save on to your computer:

- The valid form of identification (and the document that proves your primary residence, if applicable); *and*
- The photograph of yourself.

If uploading a US military ID, scan and upload the front *and* the back of the card. Be sure to have the copy of the front and back of the card saved on one file.

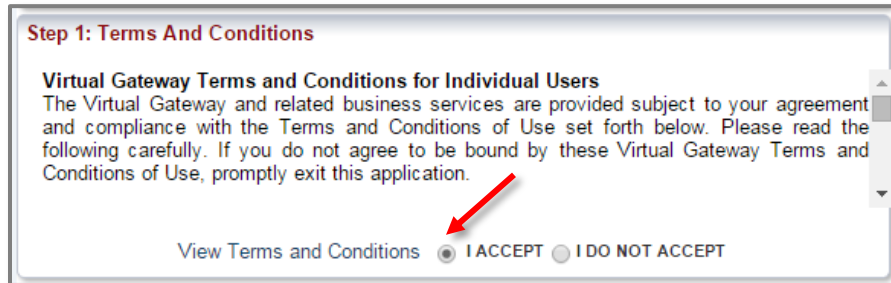
When uploading your valid form of identification or the document that proves your primary residence, ensure that the document is in .jpg format or .pdf format and has a maximum size of 2 MB.

These documents will be uploaded to the MMJ Online System during the registration process.

## **STEP 2:** Go to the Program's online system at:

<https://sso.hhs.state.ma.us/VGPortal/faces/SelfReg.jspx>

- Accept the "Terms and Conditions" by clicking "I ACCEPT"



- Enter your information in the "Personal Information" section
  - Under "Service Name" select "Medical Use of Marijuana System;"
  - Type in your personal information for each section;
    - Please note that this is not the same PIN that was provided to you by your health care provider after you were certified (keep this PIN for Step 6). This PIN is any four digit number that you chose.
  - Answer the security question; and
  - Click "Submit."

**Step 2: Personal Information**

Please highlight the service to which you would like access and **complete all** of the sections below. When you are finished, click the **'Submit'** button.

Service Name  ←

First Name

Middle Initial  (Optional)

Last Name

4 Digit PIN  Please choose any four digit number that you will be able to remember. You may be asked to give this number for identification reasons in the future.

Birth Date (Month/Day)

Email Address

Confirm Email Address

**Security Question**

Answers that are numbers should be typed as numbers not words (for example, enter 8 rather than 'eight' or 3 rather than 'three')

What number comes after 6?

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- The next page explains how you will receive an email to the email address you provided from [virtualgateway@state.ma.us](mailto:virtualgateway@state.ma.us). This email will contain a link to complete your self-registration.
- After clicking the link in the email, review your information to ensure it is correct. If it is incorrect, you may edit the information by clicking the “Edit” button.

**Step 4: New User Confirmation**

Please review your information below. If this information **IS** correct, continue to Step 5. If this information **IS NOT** correct, click **"Edit"** to change the information and then continue to Step5.

First Name

Middle Initial

Last Name

4 Digit PIN

Birth Date (Month/Day)

Service Name

←

- Create a password by following the instructions on the screen.

**Step 5: Create Password**

To log in to the Virtual Gateway, you will need to create a password. Passwords must be 8 to 16 characters long. Passwords must contain the following:

- Between 8 and 16 characters
- Atleast one uppercase character(A,B,C,...)
- Atleast one lowercase character(a,b,c,...)
- Atleast one number(1,2,3,...)

Passwords **cannot** contain:

- The words 'test','password' or 'pass'
- Your first name, your last name, or your full name
- Your Virtual Gateway Username
- Your Email Address

**Important:** Keep your information safe and secure. Do not share your Virtual Gateway password with anyone.

Password

Confirm Password

- Next, select two secret questions and provide answers to them. These questions will be used to reset your account if you forget your password. Once complete click "Submit."

**Step 6: Secret Questions**


Two secret questions must be selected and answered. These questions will be used if you forget your password or need to change it. Once you have selected and answered your questions, click the "**Submit**" button and your Virtual Gateway username will be displayed.

Secret Question 1

Answer to Secret Question 1

Secret Question 2

Answer to Secret Question 2





- You will then see a confirmation page with your new user name and a link to log in to the Virtual Gateway.

The Virtual Gateway log in page can also be reached at <https://sso.hhs.state.ma.us/>.

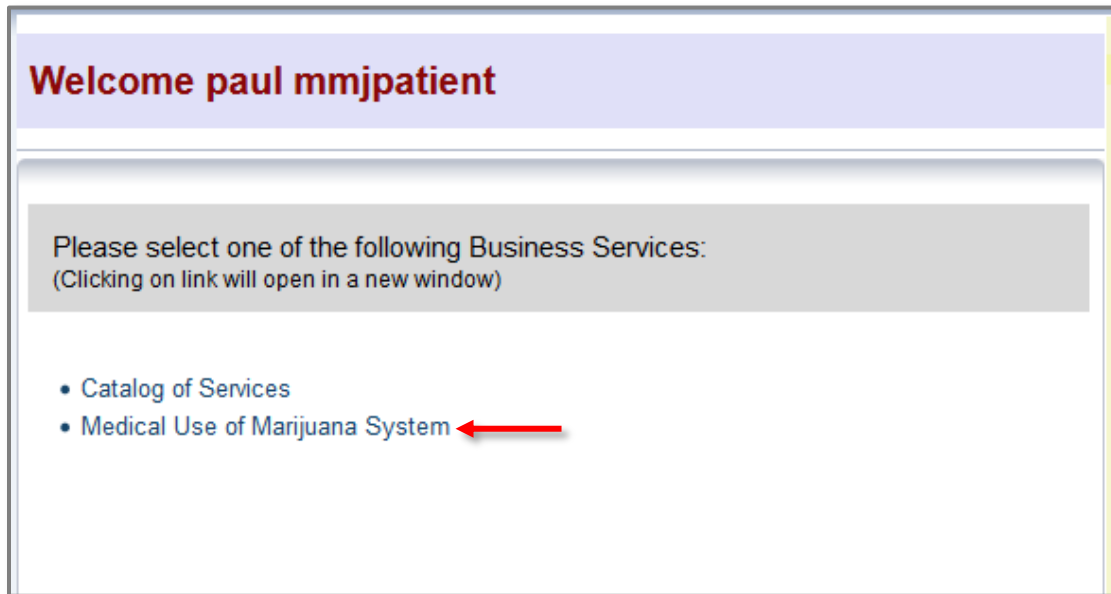
You will also receive an email from [virtualgateway@state.ma.us](mailto:virtualgateway@state.ma.us) with your user name and a link to the log in page.



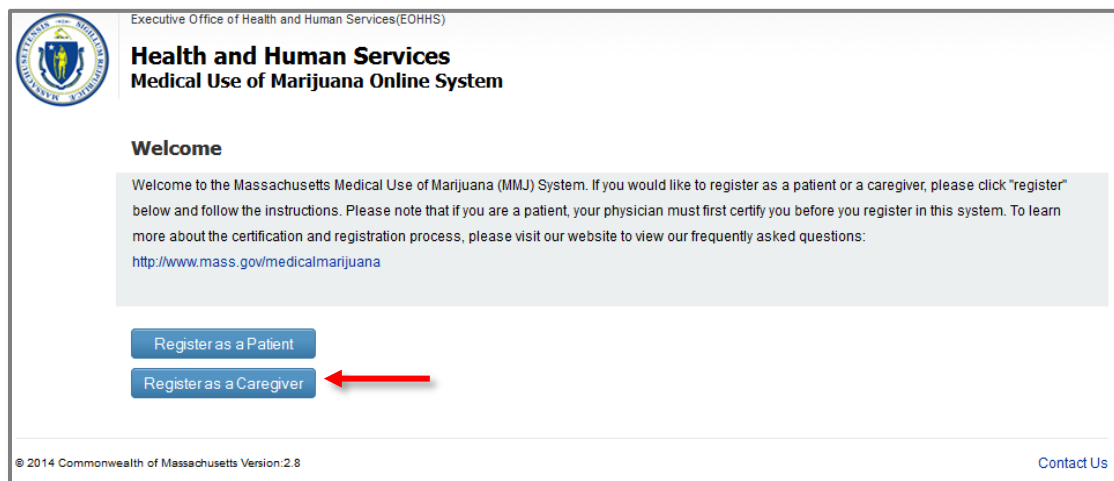
**STEP 3:** Enter your user name and password, and click “Login” to enter Virtual Gateway.

The login page for the Virtual Gateway. At the top, it says "Executive Office of Health and Human Services - Virtual Gateway". Below that is a banner with the "Virtual Gateway" text and the "Mass.gov" logo. The main content area has a purple header that says "Welcome to the Virtual Gateway". Below this is a "Login" section with a form. The form has two input fields: "Username" and "Password". The "Password" field has a note "(Case sensitive)" next to it. Below the fields is a "Login" button with a red arrow pointing to it from the right. Below the button is a link that says "Forgot Password". To the right of the login form is a yellow box with the text "Virtual Gateway Customer Service" and "Monday through Friday 8:30 am to 5:00 pm 800-421-0938 (Voice) 617-847-6578 (TTY for the deaf and hard of hearing)".

**STEP 4:** Click on the “Medical Use of Marijuana System” link.



**STEP 5:** Click the “Register as a Caregiver” button.

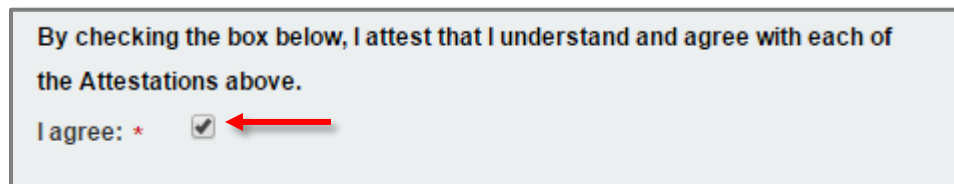


- You will then see an Instructions page. Once you have read the Instructions, click “Proceed.”

**STEP 6:** You will be taken to the Caregiver Information page.

- Enter your information into the required fields denoted by a red asterisk (\*). These include the following:

- *Caregiver*: Pin, First Name, Last Name, Gender, Mother's Maiden Name, Gender, Date of Birth, Last 4 Digits of your Social Security Number, Home Phone Number, and Email
  - **Please note:** The **PIN** in this section is the PIN that was given to you by your registered qualifying patient.
- *Residential Address*: Address, City, and Zip Code
  - If you are homeless, you may check the box denoting your status. If you check this box, you will be required to provide a Massachusetts mailing address.
  - **Please note:** If you are submitting a driver's license or a Massachusetts ID card as your valid form of identification, the name and address in your application must match the name and address on your corresponding Valid Form of ID.
- *Mailing Address*: Address, City, State, and Zip Code
  - If your mailing address is the same as your residential address, you may check the box and the information will automatically populate.
- *Attestation*: Read through the Attestations and check the box to attest that you understand and agree with each of the attestations.



By checking the box below, I attest that I understand and agree with each of the Attestations above.

I agree: \* ☒ ←

- Once you complete filling out your information and check the attestation box, click “Proceed.”

**STEP 9:** If you successfully enter all of the identification fields you will be taken to the “Valid Form of Identification” page. Here you will upload your valid form of identification along with a document that proves your primary residence, if applicable.

- From the drop down menu, select which “Valid Form of Identification” you will be uploading:
  - Massachusetts Driver's License; Massachusetts ID; United States passport; *or* US Military ID)
- Enter the “Number on your Valid Form of ID.” Depending on which valid form of ID you upload, the number will be your:
  - Massachusetts Driver's License number; Massachusetts ID number; United States passport number; *or* US Military ID number
- Enter the expiration date of your Valid Form of ID.
- To upload a copy of your Valid Form of ID, click the “Choose File” or “Browse” and select the file that you saved to your computer in Step 1.

- Please note: This file should contain a copy of your Valid Form of ID. *You should not upload the picture of yourself at this time*; you will be asked to do so on the next page.
- Also note: If you are uploading a US Military ID, you must upload the file that contains both the front and back copy of your ID.
- Click “Proceed” to continue to the next page.

**STEP 10:** If you successfully enter all of the identification fields and uploaded your Valid Form of ID, you will be taken to the “Upload Photo” page.

- Read the instructions and make sure that the photo you saved on your computer in Step 1 meets the described requirements.
- To upload your photo, first click the “Choose File” or “Browse” button. A separate dialogue box will open; select the file that you saved to your computer in Step 1 and open. Next, click the “Upload” button.
- Your picture should then appear under “My Uploaded Photo.”
- Once you have successfully uploaded a photo of yourself, click the “Proceed” button.

**STEP 12:** Once you have completed your application, you will then be brought to the “Review and Submit Application” page to review and confirm your registration information.

- If you need to correct any information, you may click the associated field on the right side of the screen and edit your information, or you may click the “Back” button until you reach the correct screen and edit your information.
- After you have verified that the information is correct, click the “Proceed” button until you return to the Review and Submit Application screen.
- Once you have verified that the information is correct, click on the “Submit” button.

**STEP 13:** You will then be taken to a screen that displays the date of your application submission. Your application will then be reviewed by the Program.

**STEP 14:** Notify the patient who you will be assisting that you have submitted your Personal Caregiver Registration Application in the MMJ Online System.

- The patient will need to log onto their account in the MMJ Online System and validate you as their personal caregiver.

**STEP 15:** Once the patient has verified you as their personal caregiver, the Program will then review your registration application.